UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Stheley D. Loss	Daytime Telephone	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	3rd Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Sta Employing Office: Sh	Staff Filer Type (If Applicable): Shared Principal Assistant to	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE	OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ves い No ugh the date of filing? ves いんんょっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっぱっ
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRESPONDING	Y THE SCHEDULE IF YOU ANSWER "YES"	OMBI STE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>	IST INFORMATION - ANSWER <u>BOTH</u> OF THES	TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethic from this report details of such a trust that benefits you, your spouse, or dependent child?	 Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded report details of such a trust that benefits you, your spouse, or dependent child? 	Have you excluded Yes No No
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	med" income, or liabilities of a spouse or dependent child because they me ommittee on Ethics.	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stirly D. Loub

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(Ell Town	Talelook Kin um)	House (OWLILLIW)	IR4	WEILS FARGO	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	EFF	all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is snore than \$1,000 in interest-bearing accounts. For rential and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the EIF" box. If you have a privately-traded fund that is an Excepted investment Fund, please check the EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only licker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the yeer.	Assets and/or Income Sources	BLOCK A
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L				<u> </u>	<u> </u>		L		\$1-\$1,000	00	_	"Column M is for assets held by yo child in which you have no interest.	Indicate value of asset at use a valuation method c specify the method used if an asset was sold directed only because it be "None."		1
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		[Partnership Income	Royalties			Other Type of income (Specify: e.g., Partnership Income or Farm Income)			in income	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "fax-Deferred" column, you may have niterest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check		
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			T	ス	į	T	Ţ	\exists	\$100,001-\$1,000,000		`I		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was sarned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
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Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: S Lingley D. Love

Page 3 of 6

SCHEDULE C - EARNED INCOME

Name: 2016 Page_

NOOME INTO 114 DECIDITED NOOME. Decided the state of the	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act	and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	
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INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	limit and prohibited income may apply to you after you \$27,495. The 2017 limit is \$27,765. In addition, cert when bers and senior staff.	r you are on House payroll. The 201 certain types of income (notably honora	6 limit on outside earned income for ria, director's fees, and payments for
Composition data of coording for bosoccasion	4	Am	Amount
Source (illiciade date of receipt for florioraria)	Туре	Current Year to Filing	Preceding Year
_	Honorarium Salary	\$0 \$0	\$500
EXAITIDIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
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SCHEDULE D - LIABILITIES

Name: Stroky D. Love	Page 5 of	<u> </u>
the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting red by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence resolutions or applicable of a business in which you are so interest including the reporting the repor	nt owed during the reporting ge on your personal residence	
your spouse. Report a revolving charge account (i.e. credit cord) only if the halonce at the close of the condition period	מונים ביו להם היים להיים ביו	

Report liabilities of over \$10,000 owed to any one creditor at any time during period. New Members: Members are required to report all liabilities secure (unless you rent it out or are a Member); loans secured by automobiles, hou exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or y *Column K is for liabilities held solely by your spouse or dependent child. round (re-, seem sens) only if the paramose at the close of the reporting period

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				Example			
			NA -	First Bank of Wilmington, DE	Creditor		,
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				Morfgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$50,000,000		
					Over \$1,000,000* (Spouse/DC Liability)	^	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	;		Position
		- NA	Name of Organization

SCHEDULE F

Name: Stieved D. 1000 Page 6. of
RECMEN I O

Identify the date, par continuation or defer

			Date
		-NA	Parties to Agreement
		NN	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.